

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA VS. DEFENDANT:	
DECLARATION OF COUNSEL FOR APPOINTMENT IN CAPITAL CASE	CASE NUMBER:

I request appointment under rule 4.117 of the California Rules of Court (please check 1 or 2):

1. ☐ My qualifications are set forth in the declaration on file with this court.
2. ☐ My qualifications are *(attach additional sheets if necessary)*:
 - a. ☐ I am an active member of the State Bar of California. My State Bar number is:
 - b. ☐ I am admitted to practice *pro hac vice* pursuant to rule 983.
 - c. ☐ I have the following criminal or civil trial experience *(specify case name, number, county, judge, and your role, including whether you were lead or associate counsel)*:
 - d. ☐ I have the following experience in death penalty trials *(specify case name, number, county, judge, and your role, including whether you were lead or associate counsel)*:
 - e. ☐ I have the following experience with expert witnesses and psychiatric and forensic evidence *(specify)*:
 - f. ☐ In the past *(specify)*: _____ years, I have completed *(specify)*: _____ hours of specialized training in the defense of persons accused of capital crimes *(specify nature of training)*:
 - g. ☐ I have ongoing consultation support from the following experienced death penalty counsel *(name and address)*:
 - h. ☐ I am certified by the State Bar of California's Board of Legal Specialization as a criminal law specialist.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

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